Position Applying for_

EMPLOYMENT APPLICATION

MAIL OR DELIVER TO:

DATE RECEIVED	For Human Resources Use Only Accepted Rejected
	Analyst Date
	Reason

6: M	ontra Costa County Human Resources 51 Pine Street - 2nd Floor lartinez, California 94553-1292 POSITION APPLYING FOR			Analyst	Rejected Date	
	Print Exact Title From Job Announcement					
P	LEASE TYPE OR PRINT IN INK					
1	Social Security Number - for Applicant/Employee Record Control (Voluntary)					
2.	Name: Last Name	First Name	Middle	Name	Test Code Area 1 - Central 2 - West	Office Use Only
3.	Address: No. Street	Apt. No.	City	State/Zip Code	3 - East	
1	Phones: ()	()	(1		
4.	Home	Bu	siness)	Emergency	
5.	COMPLETE ONLY IF YOU ARE NOT A UNIT in the United States from the U.S. Immigration You will be required to submit proof of your pe	n and Naturalization	on Service?	permission to wor	k Yes	; .
6.	Have you ever been convicted of any offense be 15 the date and place of each offense, the spe sentence received. You may omit traffic violathan \$100.00. A criminal record is not necessarideration, based on job relatedness.	cific charge, the dations for which th	ate and place of con e only penalty impo	viction and the fine sed was a fine of le	e or Yes ess	_
7.	Have you ever been discharged, forced to re employment within the last ten years? If yes, give name and address of the employe	•			100	
	If answer is yes, it is not necessarily a bar to e	employment. Each case	e is given individual consid	deration , based on job	relatedness.	
8.	Areyoufluentinanylanguageotherthan English	?Ifso,pleasespec	ify:			
9.	Veterans Points - In open examinations Contraif you pass the examination AND meet one of (1) You have served continuously on active discharge by the final filling deadline for (2) You are a disabled veteran.	fthe following qua duty for more tha the examination;	lifications: nad rece or	eived an honorabl	le	
	To apply for points you <u>MUST</u> attach a copy verification of disability from the Veteran's Adn do not apply to promotional examinations.	of Form DD214 to ninistration is requ	this application who ired for disabled veto	en you apply. Wri erans. Veterans p	oints	ify (v)
	Please check (✓) the box if you are applying fand have attached the proper documentation.	for Veterans Cred	it 🔲		OFFICE	JSEONLY
10.	Have you ever worked for Contra Costa Coun	ity before?		Y	′es□ N	lo 🗆
11.	Are you currently working in a permanent Me Merit System job title:	erit System position	on for Contra Costa (County?	′es□ N	lo 🗖
12.	List licenses, certificates and/or registrations Registered Nurse License, etc.).	s required for this jo	ob (Driver's License	,	Verified	Ву
	TITLE DATE ISSUED	DATE EXPIR	RES NI	JMBER		
					OFFICEUS	

В) У	e accepted if job	peginning wit o related. A re	th your currer esume or othe aving		recent experienc
C) Other schools / training completed: D) Other schools / training completed: Course Studied D) Other schools / training course,	Yes No Hours Con Hours Con past 10 years to accepted if job	peginning wit o related. A re	th your currer esume or othe aving	nt or most	recent experien
Other schools / training completed: Other schoo	Yes No Hours Con Hours Con past 10 years to accepted if job	peginning wit o related. A re	th your currer esume or othe aving	nt or most	recent experienc
Other schools / training completed: Other schoo	Yes No Hours Con Hours Con past 10 years to accepted if job	peginning wit o related. A re	th your currer esume or othe aving	nt or most	recent experien
Other schools / training completed: Other schoo	Hours Con past 10 years to e accepted if job Re	peginning wit o related. A re	th your currer esume or othe aving	nt or most	recent experien
14. THE FOLLOWING SECTION MUST BE FILLED OUT COMPLETELY. List your work experience for the List each promotion separately. Use additional sheets if necessary. Voluntary non-paid experience will be may be attached but it may not be used as a substitute for completing this section. A) Dates	e accepted if job	o related. A re	esume or othe		
List each promotion separately. Use additional sheets if necessary. Voluntary non-paid experience will be may be attached but it may not be used as a substitute for completing this section. A) Dates	e accepted if job	o related. A re	esume or othe		
From			_		
Total Yrs. Mos. Salary per month \$					
Salary per month \$					
Salary per month \$ Full time					
Salary per month \$ Volunteer Hr. Salary Hrs. per week \$ B) Dates Employer's Name and Address Title From					
Part time					
Employer's Name and Address From					
From Duties performed To					
Total Yrs. Mos. Salary per month \$	Re	ason for Lea	aving		
Total Yrs. Mos. Salary per month \$					
Salary per month \$					
Full time Volunteer					
Part time Hrs. per week\$					
C) Dates Employer's Name and Address Title From					
From Duties performed Total Salary per month \$ Full time Volunteer Hr. Salary Hrs. per week \$ D) Dates Employer's Name and Address Title Duties performed					
Total Yrs. Mos. Salary per month \$	Re	ason for Lea	aving		
Total Yrs. Mos. Salary per month \$					
Total Yrs. Mos. Salary per month \$					
Salary per month \$ Full time Volunteer Hr. Salary Part time Hrs. per week \$ D) Dates Employer's Name and Address Title From Duties performed					
Full time Volunteer Hr. Salary Part time Hrs. per week \$					
Part time Hrs. per week \$					
D) Dates Employer's Name and Address Title From Duties performed					
From Duties performed	Re	ason for Lea	aving		
Total					
Yrs. Mos. Salary per month \$					
Full time Volunteer Hr. Salary					
Part time Hrs. per week \$					
E) Dates Employer's Name and Address Title	Re	ason for Lea	aving		
From Duties performed					
То					
Total					
Yrs. Mos. Salary per month \$					
Full time Volunteer Hr. Salary					
Part time Hrs. per week \$					
an and					
15. Remarks					
16. In case of emergency please notify: Name					
Phone Address					
17. I authorize the employers and educational institutions identified in this employment application to release to the County of Contra Costa May we contact your present employer? Yes \(\subseteq \) No \(\subseteq \)	e any informatio	on they have o	concerning m	ny employ	nent or educati
May we contact your present employer? 18. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of the country of Contra Costa Yes I No I N	of my knowled	no and hallaf	and are the	lo in ac-a	foith lundered

SIGNATURE OF APPLICANT

DATE

	This information will be detached from your application by the Human Resources Department and kept separate and confidential. It is used for the County's Affirmative Action efforts. (Please type or print in ink.)					
	☐ MALE	□ FEMALE	NAME:			
DA	TE OF BIRTH		POSITION APPLYING FOR:			
RACE/ETHNIC BACKGROUND: Only one box may be marked. Persons of mixed races should classify according to the ethnic group with which they identify:						
	White (not of His	panic origin): all persons having ori	gins in any of the original peoples of Europe, North Africa or the Middle East.			
	African American	(not of Hispanic origin): all perso	ons having origins in any of the Black racial groups of Africa.			
	Hispanic: all persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.					
	Asian or Pacific Is	slander: all persons having origins	in any of the original people of Japan, Korea, the Far East, China, Southeast Asia, or the Indian Subcontinent.			
	Filipino: all perso	ns of Filipino origin.				
	American Indian community recogn		aving origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or			